

Thrombosis service in The Netherlands

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News and Views

Thrombosis Service in The Netherlands

In July 1981 the Dutch Federation of Thrombosis Services held a congress on the occasion of its 10th anniversary. The Congress was devoted to a discussion of the recent '60 + trial' executed by Professor Loeliger and coworkers from Leiden University. This trial, the results of which have been published with a discussion by Professor Mitchell, has attracted a certain amount of attention [1,2]. It demonstrated that constant deep anticoagulation after a first coronary infarction can indeed reduce the incidence of reinfarction. It seems as if the many negative trials reported did not obtain better results because constant deep anticoagulation could not be guaranteed.

The thrombosis services are non-profit organizations covering 95% of The Netherlands, where a team of nurses and a doctor supervise the anticoagulant therapy of patients referred to them by their cardiologists, other specialists or family doctors. At regular intervals the blood level of vitamin K dependent clotting factors is assessed, and a dose of oral anticoagulants prescribed. Patients unable to come to the outpatient department are venipunctured at home. As up to 2% of the elderly population is on anticoagulant therapy, from one to several hundred patients are seen per day in each of the 70 thrombosis services in The Netherlands. Because the team of the thrombosis service uniquely specializes in this task, oral anticoagulation can be given with substantial intensity and still the bleeding risk is small (less than one major bleeding per 2000 treatment years). The minor bleedings that occur often appear to have a diagnostic meaning as they may be early signs of, for example a carcinoma. The Federation of Thrombosis Services has the task of coordinating the different independent services, as to price charged to the insurance companies, quality of the laboratory estimations, etc.

Constant deep oral anticoagulation when properly administered can reduce reinfarction. This is of great practical importance, but it also is not without theoretical interest. The common ideas about arterial and venous thrombosis at the moment can be briefly summarized as follows. Venous thrombosis is primarily due to the clotting of blood; hence, oral anticoagulation will prevent it. Arterial thrombosis is mediated by platelets, and hence antiplatelet therapy is the attack of choice. Recent research from the Maastricht (Limburg, The Netherlands) research

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group on thrombosis as presented at a plenary lecture on the recent International Congress on Thrombosis and Haemostasis in Toronto (Canada), gave good evidence that thrombin at a concentration of 0.1% of the thrombin potential in normal plasma, in cooperation with small amounts of collagen, is the most potent platelet activator known. It may well be that the new adage should be: arterial thrombosis is mediated by platelets; since thrombin is the most potent platelet activator, anticoagulant therapy is the best antiplatelet therapy.

References

- 1 Loeliger EA, Roos J, Tijssen JGP, deVries WA. Anticoagulants after myocardial infarction. *Lancet* 1981; 1: 1321.
- 2 Mitchell JRA. Anticoagulants in coronary heart disease—retrospect and prospect. *Lancet* 1981; 1: 257-262.

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